

Medical Claim Form Sample for Overseas Medical Expenses

Downloading a **medical claim form sample** for overseas medical expenses helps streamline the reimbursement process. This template ensures all necessary details are accurately provided for smooth claim approval. It is essential for travelers seeking insurance coverage for international healthcare costs.

Instructions:

Please complete all relevant sections of the form. Attach original receipts, medical reports, and other supporting documents. Incomplete forms may result in a delay of claim processing.

1. Personal Details

Full Name:	_____
Date of Birth:	____ / ____ / ____
Policy/Certificate Number:	_____
Contact Number:	_____
Email Address:	_____
Home Address:	_____

2. Details of Illness/Injury

Date of Illness/Injury:	____ / ____ / ____
Description of Illness/Injury:	_____
Treatment Provided:	_____
Name & Address of Attending Doctor/Hospital:	_____

3. Claim Details

Date of Service	Description of Service	Amount Paid	Currency	Receipt Attached
____ / ____ / ____	_____	_____	_____	Yes / No
____ / ____ / ____	_____	_____	_____	Yes / No

4. Payment Details

Payee Name:	_____
Bank Name:	_____
Account Number:	_____
SWIFT/BIC Code (if applicable):	_____
Bank Address:	_____

5. Declaration & Signature

I hereby declare that the details provided above are true and correct to the best of my knowledge. I authorize the insurance company to verify the information submitted.

Signature: _____ Date: ____ / ____ / ____

Please return the completed form and original documents to your insurance provider.